

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/15/03.

I. DISPUTE

Whether there should be additional reimbursement for a cock-up wrist forearm splint – A4570 delivered 1/14/03 and reduced by the respondent based upon fair and reasonable reimbursement.

II. RATIONALE

The requestor billed for the disputed durable medical equipment using HCPCS code A4570 which is identified as a cock-up wrist forearm splint. This service has no MAR, therefore DOP determines the fair and reasonable cost of the item. The carrier paid \$28.99 as fair and reasonable.

Rule 133.307 (g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable.

The requestor submitted copies of EOBs listing HCPCS code L3914 indicating \$75.00 as fair and reasonable to multiple carriers. However, the requestor did not submit EOBs showing a fair and reasonable cost for the disputed DME A4570. On this basis, additional reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for A4570.

The above Findings and Decision are hereby issued this 22nd day of January 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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